

# IOWA QUALITY BEFORE/AFTER SCHOOL-AGED CHILDCARE PROGRAM STANDARDS AND CRITERIA

## PROGRAM STANDARD 1 — PROGRAM ADMINISTRATION

	Criteria	GUIDANCE
<b>Administration Compliance</b>		
1.1. <b>Required</b>	The program possesses relevant licenses and/or certificates and displays them publicly.	Post acknowledgement of the child care program's exemption at the main entrance to the facility in full display. Do not alter it in any way.
1.2. <b>Required</b>	The program meets applicable regulations and guidelines including required postings of: <ul style="list-style-type: none"> <li>a. notice of exposure of children to communicable disease;</li> <li>b. mandatory reporter requirements;</li> <li>c. nonsmoking signs at every entrance and in vehicles used to transport children; and</li> <li>d. a telephone number for reporting complaints (insert contact number)</li> </ul>	Post notices conspicuously at the main entrance or if co-located, in an area of the frequented by parents/public. Postings must be clearly visible to parents when they enter.
1.3.	The program develops a long-term plan for sustaining the afterschool program; involves participants, families, staff, and board members in long-term decision making and planning.	Provide the annual or long-term plan for continuous quality improvement efforts.
1.4 <b>Required</b>	The program regularly communicates information with families, community partners, and schools to coordinate support and opportunities for youth; staff, families, and schools share information to encourage and support the development of children and youth.	Provide examples of different methods of communication used for sharing information about the program with families and community partners in an effort to promote open, transparent, and ethical operations.
1.5.	Personnel know and follow an appropriate code of ethics in making decisions and fulfilling their professional responsibilities.	Provide program policy for staff following ethical and/or professional code of conduct.
1.6.	If the program participates in or allows research of children and/or families, it maintains expectations established by the district and/or the research institution's ethic review board.	Provide the program's human subject research policy and procedures (if the program participates or allows research of children and/or families).
1.7.	The program maintains an annual operating budget with a record keeping system for revenues and expenses and supports the program's mission and goals.	<ul style="list-style-type: none"> <li>• Provide evidence of a record-keeping system for revenues and expenses.</li> <li>• Examples of ways programs may demonstrate that records are kept up to date include: reconciling the bank statement and subsidiary records to the general ledger; posting cash</li> </ul>

		receipts and disbursements in a timely manner; updating the general ledger on a monthly basis; and having the bank reconciliation reviewed by at least two personnel, one of whom is not involved in maintaining the accounting records.
1.8.	The program monitors and regularly evaluates its financial status.	Provide evidence of regular monitoring and evaluation of financial status (e.g., review of financial capacities and resources; resources needed to operate the program; financial planning and funding alternatives).
1.9. <b>Required</b>	The program documents and conducts a regular review of policies and practices focused on risk prevention and documentation while regularly reviewing incidents, accidents, and grievances related to: <ul style="list-style-type: none"> <li>a. serious illnesses and injuries;</li> <li>b. facility safety;</li> <li>c. administering or storing medications;</li> <li>d. situations where a person was determined to be a danger to him/herself or others; and</li> <li>e. activities or other practices that involve risk.</li> </ul>	Provide evidence that the program maintains a system for reviewing and making improvements as needed based on data for incidents, accidents, and grievances.

	<b>Criteria</b>	<b>GUIDANCE</b>
1.10.	The program is adequately insured with documentation of insurance coverage readily available.	Provide copy of insurance coverage.
1.11.	The program protects confidential and sensitive information by limiting access, keeping records in secure locations, and maintaining appropriate safeguards of electronic data.	Provide policy and procedures for storing files and records.
1.12.	Program and child files are updated annually or when the center becomes aware of a change. Files are maintained with current information.	All files are updated at least annually and when a change occurs. Provide policy/procedures for keeping child files current.
1.13.	The program maintains files for all children which include: <ul style="list-style-type: none"> <li>a. A registration form;</li> <li>b. Emergency contact information;</li> <li>c. Family preferences for medical and dental emergencies;</li> <li>d. Information regarding child specific health and/or medical needs;</li> <li>e. Record of accidents, incidents, and injuries;</li> <li>f. Signed permission or consent forms;</li> <li>g. Pick up information and authorization; and</li> <li>h. An annual statement of health status signed by a parent or legal guardian verifying the child is free of communicable diseases.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide policy for what is included in child files.</li> <li>• Provide copies of blank forms used to collect information contained in all bullets.</li> </ul>
1.14.	Access to confidential files is limited to parents or legal guardians, relevant program personnel and regulatory agencies.	Provide policy for access to confidential files and evidence of authorization to review confidential files.
1.15.	The program participates in continuous quality improvement activities including: <ul style="list-style-type: none"> <li>a. Creating program goals and objectives aligned with program mission;</li> <li>b. Maintaining a professional development plan for program staff;</li> <li>c. Regularly assessing and collecting formal/informal feedback of program satisfaction from stakeholders; and</li> <li>d. Sharing evaluation and program planning goals publicly.</li> </ul>	Examples of evidence include program goals and desired outcomes along with a plan that addresses how the program plans to achieve those goals and promote those outcomes OR stakeholder survey instruments and/or analyses of survey results.

# IOWA BEFORE/AFTER SCHOOL-AGED CHILDCARE PROGRAM STANDARDS AND CRITERIA

## Program Standard 2-Human Resources

	Criteria	GUIDANCE
<b>Recruitment and Selection</b>		
2.1.	The program maintains a set of human resources policies and procedures addressing: <ul style="list-style-type: none"> <li>• job descriptions</li> <li>• hiring criteria</li> <li>• recruitment procedures</li> <li>• terms of employment</li> </ul>	Provide job descriptions, a personnel handbook, and policies and procedures for recruitment/hiring, orientation, and grievances.
2.2. <b>Required</b>	The program requires employees, contractors and direct service providers to have: <ul style="list-style-type: none"> <li>• Federal and state criminal record checks</li> <li>• Child abuse and neglect registry checks</li> <li>• Sex offender registry checks</li> </ul>	Record checks are required for all staff with direct responsibility for child care or with access to a child when the child is alone. Documentation of record checks at the state and federal level is required. <b>Background checks are required every two years.</b>
<b>Training and Professional Development</b>		
2.3.	The program maintains training and professional development for personnel.	Provide an agenda for orientation as evidence of orientation curriculum. Provide training requirements for different positions or job categories and an annual training schedule.
2.4.	Required written policies. The program owner, board or director shall: <ul style="list-style-type: none"> <li>• Develop and implement a written plan for ongoing training and staff development in compliance with professional growth and development requirements established by the Department of Human Services in rule 441—109.7(237A).</li> <li>• Training plans. Training shall supplement educational requirements in rule 441—109.6(237A) and shall enhance the staff's skill in working with the developmental and cultural characteristics of the children served.</li> <li>• Develop and implement a written plan for staff orientation to the program's policies and to the provisions of 441—Chapter 109 where applicable to staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide a plan for ongoing training for staff.</li> <li>• Provide a plan for staff orientation.</li> </ul>
2.5. <b>Required</b>	The program director, on-site supervisor, and all staff shall meet the following minimum staff training requirements during their first year of employment:	<ul style="list-style-type: none"> <li>• Copies of cards for child and adult First Aid and CPR for all staff is required.</li> </ul>

	<ul style="list-style-type: none"> <li>• Certification in American Red Cross or American Heart Association child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department of Education. A valid certificate indicating the date of training and expiration date shall be maintained.</li> <li>• Certification in child and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, the National Safety Council, and Emergency Medical Planning (Medic First Aid) or an equivalent certification approved by the Department of Education. A valid certificate indicating the date of training and expiration date shall be maintained.</li> <li>• Ten contact hours of training from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence. <i>Training received for cardiopulmonary resuscitation (CPR), first aid, mandatory reporting of child abuse, and universal precautions shall not count toward the ten contact hours.</i></li> <li>• Training must include requirements and procedures for mandatory reporting of suspected child abuse as defined in Iowa Code section 232.69 shall be posted where they can be read by staff and parents. Methods of identifying and reporting suspected child abuse and neglect shall be discussed with all staff within 30 days of employment.</li> <li>• At least four hours of the ten contact hours of training shall be received in a sponsored group setting. Program directors and on-site supervisors shall receive all ten hours of training in a sponsored group setting.</li> <li>• Staff who has completed a comprehensive training package of at least ten contact hours within six months before initial employment shall have the first year's ten contact hours of training waived.</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of <i>additional</i> training for each participant should include: <ul style="list-style-type: none"> <li>○ the title of training</li> <li>○ the area addressed relative to the topical areas required.</li> <li>○ the name of person who served in the instructor role.</li> <li>○ the number of contact hours.</li> </ul> </li> <li>• Provide a copy of the posting for mandatory reporting. <ul style="list-style-type: none"> <li>○ mandatory reporting training is required for all paid staff/employees, including substitutes.</li> </ul> </li> </ul>
2.6.	<p>Ongoing Professional Development</p> <ul style="list-style-type: none"> <li>• Maintain current certification for Iowa's training for mandatory reporting of child abuse.</li> <li>• Receive ten contact hours of training annually from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business</li> </ul>	<ul style="list-style-type: none"> <li>• Provide evidence that staff meet the requirements for ongoing professional development.</li> <li>• Documentation for each participant should include: <ul style="list-style-type: none"> <li>○ The title of training</li> </ul> </li> </ul>

	practices, and cross-cultural competence. At least four of the ten contact hours shall be in a sponsored group setting.	<ul style="list-style-type: none"> <li>○ The area addressed relative to the topical areas required.</li> <li>○ The name of person who served in the instructor role.</li> <li>○ The number of contact hours.</li> </ul>
<b>Staff Requirements</b>		
<b>2.7. Required</b>	<p>Persons counted as part of the staff ratio shall meet the following requirements:</p> <ul style="list-style-type: none"> <li>• Be at least 16 years of age. If less than 18 years of age, the staff shall be under the direct supervision of an adult.</li> <li>• Be involved with children in programming activities.</li> <li>• At least one staff person on duty in the center and outdoor play area when children are present and present on field trips shall be over the age of 18 and hold current certification in first aid and cardiopulmonary resuscitation (CPR) as required in rule 441—109.7(237A).</li> </ul>	Provide evidence and policy that addresses. See guidance for criterion 3.34.

	<b>Criteria</b>	<b>GUIDANCE</b>
<b>Program Administrators and/or Directors Requirements</b>		
<b>2.8.</b>	<p>Program administrators and/or directors receive training in:</p> <ul style="list-style-type: none"> <li>• program administration and management;</li> <li>• staff supervision; and</li> <li>• legal topics relevant to program operations, management, and oversight.</li> </ul>	Provide transcripts as evidence that coursework related to all bullets was previously completed OR evidence of ongoing training on the bulleted topics.
<b>2.9. Required</b>	Program administrators and/or directors who oversee the program must be a licensed teacher and/or administrator per 279.49(3)	<ul style="list-style-type: none"> <li>• Documentation should reference the administrator's/director's legal name and folder number(s).</li> <li>• Substitute licenses do not meet the requirements for this criterion.</li> </ul>

		<ul style="list-style-type: none"> <li>For summer programs, a program administrator/director must be present at each location for the majority of the program hours each day.</li> </ul>
2.10.	<p>Program director requirements.</p> <ul style="list-style-type: none"> <li>The director shall ensure services are provided for the children within the framework of the program's statement of purpose and objectives.</li> <li>The program director shall have overall responsibility for carrying out the program and ensuring the safety and protection of the children.</li> <li>Programs that have multiple sites shall have a program director or on-site supervisor in each center.</li> <li>On-site director/supervisor. The on-site director/supervisor is responsible for the daily supervision of the program and must be on site daily either during the hours of operation that children are present or a minimum of eight hours of the program's hours of operation.</li> </ul>	<ul style="list-style-type: none"> <li>Provide a job description for program directors/on-site supervisors that addresses all bullets.</li> <li>Provide working hours for program directors/on-site supervisors.</li> </ul>
<b>Volunteers and Substitutes Requirements</b>		
2.11.	<p>All volunteers and substitutes shall sign a statement indicating whether or not they have one of the following:</p> <ul style="list-style-type: none"> <li>A conviction of any law in any state or any record of founded child abuse or dependent adult abuse in any state.</li> <li>A communicable disease or other health concern that could pose a threat to the health, safety, or well-being of the children.</li> </ul>	<p>All volunteers and substitutes, regardless of the amount of time they volunteer or are paid to work in the program, <b>must</b> complete the statement indicating whether they have a criminal conviction or history of child abuse or dependent adult abuse or a communicable disease. Provide a sample copy of a statement that program volunteers and substitutes complete.</p>
2.12. <b>Required</b>	<p>The program shall have the volunteer or substitute:</p> <ul style="list-style-type: none"> <li>complete a criminal background check;</li> <li>complete a child abuse registry check; and</li> <li>sign a statement indicating the volunteer or substitute has been informed of the volunteer's or substitute's responsibilities as a mandatory reporter.</li> </ul>	<p>All volunteers or substitutes with direct responsibility for child care or with access to a child when the child is alone must have a documented state background check.</p>
2.13.	Volunteers are supervised by program personnel at all times.	Provide policy for volunteer supervision.
2.14.	The program maintains essential information about volunteers, including identifying information and emergency contact information.	Provide examples of forms completed by volunteers to collect the required information.

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## PROGRAM STANDARD 3—PROGRAMMING AND SERVICES

	Criteria	GUIDANCE
<b>Program Mission</b>		
3.1.	Program has a written statement of mission, vision, and goals.	Provide the program's mission, vision and goals.
<b>Registration and Orientation</b>		
3.2	<p>During registration or orientation, children and youth and their families are informed about:</p> <ul style="list-style-type: none"> <li>• program goals, activities, and hours of operation;</li> <li>• their rights, including any obligations the program has to them;</li> <li>• rules, responsibilities, expectations, and any factors that can result in discharge from the program; and</li> <li>• fee policies and financial agreements.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide policies on the following that are provided to families upon registration and/or orientation: enrollment, discharge, fees and financial arrangements, safety, health, nutrition, discipline, parental rights, transportation (as applicable), and field trips.</li> <li>• Policies may be included in a parent handbook.</li> </ul>
3.3. <b>Required</b>	<p>Child's File: Centers shall maintain sufficient information in a file for each child, which shall be updated at least annually or when the parent notifies the center of a change or the center becomes aware of a change, to ensure that:</p> <ul style="list-style-type: none"> <li>• A parent or an emergency contact authorized by the parent can be contacted at any time the child is in the care of the center.</li> <li>• Appropriate emergency medical and dental services can be secured for the child while in the center's care.</li> <li>• Information is available in the center regarding the specific health and medical needs of a child, including information regarding any professionally prescribed treatment. Information shall include a physical examination report as required at sub-rule 109.10(1). For a center serving school-age children that operates in the same school facility in which the child attends school, documentation shall include a statement signed by the parent that the immunization information is available in the school file.</li> <li>• A child is released only to authorized persons.</li> <li>• Documentation of injuries, accidents, or other incidents</li> </ul>	<ul style="list-style-type: none"> <li>• Provide policies and sample forms that are kept in each child's file to address the following: <ul style="list-style-type: none"> <li>○ All files are updated at least annually and when a change occurs.</li> <li>○ All files contain sufficient information to allow the program to contact the parent or emergency contact.</li> <li>○ All files contain sufficient information and authorization to allow the program to secure emergency medical and dental services.</li> <li>○ All files contain parent authorization of the persons to whom the child may be released.</li> <li>○ Files contain documentation of injuries, accidents or other child-related incidents.</li> <li>○ All files contain parent authorization for field trips.</li> </ul> </li> </ul>



	<p>involving the child is maintained.</p> <ul style="list-style-type: none"> <li>• Parent authorization is obtained for a child to attend center-sponsored field trips and non-center activities. If parental authorization is obtained on an authorization form inclusive of all children participating in the activity, the authorization form shall be kept on file at the center</li> </ul>	
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	Criteria	GUIDANCE
3.4.	<i>Field trip emergency numbers.</i> Emergency telephone numbers for each child shall be taken by staff when transporting children to and from school and on field trips and non-center-sponsored activities away from the premises.	Provide a policy that assures that a list of emergency numbers for each child is taken by staff when transporting children for school or field trips.
3.5.	Informed, written consent is obtained from children and youth, and their parents or legal guardians, prior to recording, photographing, or filming.	Provide forms for collecting consent for recording, photographing, and/or filming children.
<b>Relationships</b>		
3.6.	Children and youth develop positive, supportive relationships with personnel.	Provide a description of how personnel support children and youth and promote positive relationships.
3.7. <b>Required</b>	Staff relates to all children and youth in positive and respectful ways; staff are dedicated to having fun and being involved; staff model personal interest in youth; allow for one-to-one time with all youth; staff connect in ways that support youths' feelings and ideas.	Provide policy for staff interactions and professional/ethical conduct with children.
3.8.	Staff is patient, fair, and listen to youth and each other; show respect for all staff and students and model positive relationships.	See guidance for 3.6 and 3.7.
3.9. <b>Required</b>	Staff is sensitive to the culture and language of children and youth; staff model inclusion/equity values in their work; program environment is affirming/inclusive of many identification groups.	Provide policy/procedures, strategies, and examples of materials and equipment for promoting inclusion/equity.
3.10.	Staff respond appropriately to the individual needs of children and youth; staff work to accommodate youths' needs through meetings with parents, teachers, and youth; program builds upon children and youths' individual strengths; staff interact with children and youth to help them learn; staff support children's success in learning.	<p>Examples of ways to demonstrate implementation of this standard include, but are not limited to providing evidence that:</p> <ul style="list-style-type: none"> <li>• Personnel substitute equipment as needed (e.g., when children and youth have poor motor skills, personnel provide a large beach ball instead of a volleyball for outdoor games);</li> <li>• Personnel are able to spend time with individual children and youth;</li> <li>• Personnel bring in materials related to the interests of children and youth (e.g., pets, music, sports, computers, chess, etc.);</li> <li>• Personnel find suitable ways to include all children and youth;</li> <li>• Personnel provide resources that show different cultural perspectives;</li> <li>• Children and youth have an opportunity to speak their home language with peers and personnel, to the extent possible;</li> <li>• Personnel use pictures and visual aids to reach out to non-</li> </ul>

		<p>readers and speakers of other languages;</p> <ul style="list-style-type: none"> <li>• Personnel modify activities as needed so that all children and youth can participate;</li> <li>• Personnel make an effort to support goals set by Special Education Teams or included in Individualized Education Plans, 504 plans, and/or Behavior Intervention Plans.</li> </ul>
3.11.	Staff encourage youth to interact positively with peers, families, community, school, and after school staff; children demonstrate good conflict resolution skills; staff and youth develop a plan for policies for behavior; staff seek input from youth in order to determine both the cause and solution of conflicts and negative behavior; staff use positive techniques to guide the behavior of children and youth.	<ul style="list-style-type: none"> <li>• Provide policies for conduct of behavior and discipline.</li> <li>• Provide examples of strategies to promote youth's positive relationships and interactions such as: <ul style="list-style-type: none"> <li>• Procedures and/or materials for teaching children and youth how to communicate and cooperate;</li> <li>• Evidence of the use of negotiation, reasoning, and redirection to help children and youth find alternatives;</li> <li>• Procedures and strategies for helping children and youth understand how their behavior affects others;and</li> <li>• Procedures and/or materials for teaching children and youth specific skills they can use to work through conflicts (e.g., circle time, peace table, or conflict resolution skills).</li> </ul> </li> </ul>
3.12.	Staff provide opportunities for meaningful engagement of participants' family members; staff and families interact with each other in positive ways; staff provide regular communication and support services for parents; staff use arrival and departure as information-sharing time with parents	<ul style="list-style-type: none"> <li>• Provide a table of contents of handbook for families</li> <li>• Provide policies and/or procedures regarding family involvement</li> <li>• Provide a description of family involvement, including different methods of communication with families.</li> </ul>
3.13. <b>Required</b>	<p>Discipline: The center shall have a written policy on the discipline of children which provides for positive guidance, with direction for resolving conflict and the setting of well-defined limits. The written policy shall be provided to staff at the start of employment and to parents at time of admission. For center employees that are employees of a district, an accredited nonpublic school, or an area education agency, the written policy shall comply with Iowa Administrative Code chapter 281—103. The center shall not use as a form of discipline:</p> <ul style="list-style-type: none"> <li>• Corporal punishment including spanking, shaking, and slapping.</li> <li>• Punishment which is humiliating or frightening or which causes pain or discomfort to the child.</li> <li>• Children shall never be locked in a room, closet, box or other device. Mechanical restraints shall never be used as a form of discipline. When restraints are part of a treatment plan for a</li> </ul>	<ul style="list-style-type: none"> <li>• Provide a written policy that addresses all bullets.</li> <li>• The discipline policy must: <ul style="list-style-type: none"> <li>○ Describe the program's philosophy regarding positive discipline.</li> <li>○ Explain how interventions provide for positive guidance with directions for resolving conflict and setting well-defined limits.</li> <li>○ Describe disciplinary techniques that are used (redirection, etc.).</li> </ul> </li> <li>• <b>Note:</b> This policy must be provided to parents and staff in</li> </ul>

	<p>child with a disability authorized by the parent and a psychologist or psychiatrist, staff shall receive training on the safe and appropriate use of the restraint and shall only use the restraint in the manner authorized and not for punishment or discipline.</p> <ul style="list-style-type: none"> <li>• Punishment or threat of punishment associated with a child's illness, lack of progress in toilet training, or in connection with food or rest.</li> <li>• No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.</li> </ul>	writing.
	<b>Criteria</b>	<b>GUIDANCE</b>
<b>Programming and Activities</b>		
3.14. <b>Required</b>	Program activities provide opportunities to build skills, explore interests, experience a sense of self-efficacy and belonging, and contribute to the community.	<ul style="list-style-type: none"> <li>• Provide daily programming/activity schedules for the past month for all program components</li> <li>• Provide a description of programming and activities.</li> </ul>
3.15.	The daily schedule is flexible and offers a favorable social and emotional climate, physical security, independence, stimulation and youth centered/age-appropriate activities to meet the needs of all children and youth	<ul style="list-style-type: none"> <li>• Provide a written schedule of program activities and events that is posted and accessible to families.</li> <li>• Provide a basic daily schedule.</li> <li>• Provide policies, procedures, and considerations for changes to the daily schedule (e.g., weather, child interests)</li> <li>• Provide narrative for how daily routines (e.g., going to the bathroom, going to get drinks, meals/snacks) are handled.</li> <li>• Provide examples of program strategies for smooth transitions for beginning, ending, and in between activities.</li> </ul>
3.16.	Pets: Animals kept on site shall be in good health with no evidence of disease, be of such disposition as to not pose a safety threat to children, and be maintained in a clean and sanitary manner. Documentation of current vaccinations shall be available for all cats and dogs. Service animals under the Americans with Disabilities Act shall be permitted to the extent required by the ADA or other state and	Provide board policies and procedures for animals kept on site.

	federal law. No ferrets, reptiles, including turtles, or birds of the parrot family shall be kept on site. Pets shall not be allowed in kitchen or food preparation areas.	
3.17. <b>Required</b>	<p>Program materials are:</p> <ul style="list-style-type: none"> <li>• in good condition;</li> <li>• sufficient for the number of children and youth in the program;</li> <li>• developmentally appropriate for the age range of the children and youth in the program; and</li> <li>• appropriate to the activities offered.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide evidence that play equipment, materials, and furniture meet the developmental, activity and special needs of the children.</li> <li>• The program must provide sufficient and safe play equipment, materials and furniture.</li> <li>• Assess all furniture, equipment and materials to ensure that: <ul style="list-style-type: none"> <li>• The items are stable and free of any safety hazards, such as sharp points or corners.</li> <li>• No wood items are splintering or have peeling or chipping paint.</li> <li>• No item has loose or hazardous small parts.</li> <li>• No nails, bolts or screws are protruding.</li> <li>• No item presents a pinch or collapse hazard.</li> </ul> </li> <li>• Equipment, materials, and furniture are sufficient in quantity for the number of children and youth in the program.</li> </ul>
<b>Indoor and Outdoor Environment</b>		
3.18. <b>Required</b>	<p>Facility Requirements: The center shall ensure that:</p> <ul style="list-style-type: none"> <li>• The facility and premises are sanitary, safe and hazard-free.</li> <li>• Adequate indoor and outdoor program space that is adjacent to the center is provided. Centers shall have a safe outdoor program area with at least sufficient square footage to accommodate 30 percent of the enrollment capacity at any one time at 75 square feet per child. The outdoor area shall include safe play equipment and an area of shade. The program indoor room size shall be a minimum of 80 square feet of useable floor space or sufficient floor space to provide 35 square feet of useable floor space per child. In rooms where floor space occupied by cribs is counted as useable floor space, there shall be 40 square feet of floor space per child. Kitchens, bathrooms, halls, lobby areas, storage areas and other areas of the center not designed as activity space for children shall not be used as regular program space or counted as useable floor space.</li> <li>• Sufficient program space is provided for dining to allow ease of movement and participation by children to allow staff sufficient space to attend to the needs of the children during routine care and emergency situations.</li> <li>• Sufficient lighting shall be provided to allow children to adequately perform development tasks without eye strain.</li> </ul>	All bullets for this criterion must be addressed through policy, procedure, and floor plans.

	<ul style="list-style-type: none"> <li>• Sufficient ventilation is provided to maintain adequate indoor air quality.</li> <li>• Sufficient heating is provided to allow children to perform tasks comfortably without excessive clothing.</li> <li>• Sufficient cooling is provided to allow children to perform tasks without being excessively warm or subject to heat exposure.</li> <li>• Sufficient bathroom and diapering facilities are provided to attend immediately to children's toileting needs and maintained to reduce the transmission of disease.</li> <li>• Equipment, including kitchen appliances, placed in a program area is maintained so as not to result in burns, shock or injury to children.</li> <li>• Sanitation and safety procedures for the center are developed and implemented to reduce the risk of injury or harm to children and reduce the transmission of disease.</li> </ul>	
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	Criteria	GUIDANCE
3.19.	The outdoor play area meets the needs of children and youth, and the equipment allows them to be independent and creative; the outdoor play area is clean, safe, and hazard-free; access to outdoor program space is supervised during program hours.	See guidance for 3.17, 3.18, and 3.34.
<b>Health and Nutrition</b>		
3.20.	<p>Food preparation, storage, and sanitation: Centers shall ensure that food preparation and storage procedures are consistent with the recommendations of the National Health and Safety Performance Standards and provide:</p> <ol style="list-style-type: none"> <li>Sufficient refrigeration appropriate to the perishable food to prevent spoilage or the growth of bacteria.</li> <li>Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent the transmission of disease, infestation of insects and rodents, and the spoilage of food. Staff preparing food who have injuries on their hands shall wear protective gloves. Staff serving food shall have clean hands or wear protective gloves and use clean serving utensils.</li> <li>Sanitary methods for dish-washing techniques sufficient to prevent the transmission of disease.</li> <li>Sanitary methods for garbage disposal sufficient to prevent the transmission of disease and infestation of insects and rodents</li> </ol> <p>Centers participating in the USDA Child and Adult Care Food Program (CACFP) may have requirements that differ from those outlined in this rule in obtaining CACFP reimbursement and shall consult with a state CACFP consultant.</p>	<ul style="list-style-type: none"> <li>Provide cleaning, sanitization, and hygiene procedures, including expectations for hand washing.</li> <li>Provide procedures for meeting health needs and minimizing risk of exposure to contagious or infectious disease.</li> </ul>
3.21 <b>Required</b>	Nutritionally balanced meals or snacks: The center shall serve each child a full, nutritionally balanced meal or snack as defined by the USDA Child and Adult Care Food Program (CACFP) guidelines and shall ensure that staff provide supervision at the table during snacks and meals. Children remaining at the center two hours or longer shall be offered food at intervals of not less than two hours or more than three hours apart unless the child is asleep	Provide evidence, such as a menu for the most recent month of meals/snacks that shows each child is served a full nutritionally balanced meal or snack as defined by CACFP guidelines and serving sizes for meals and snacks are followed as evidenced by policy and/or menus that follow CACFP guidelines.

	Criteria	GUIDANCE
3.22.	<p>Health Policies: The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:</p> <p><i>Quiet area for ill or injured.</i> The center shall provide a quiet area under supervision for a child who appears to be ill or injured. The parents or a designated person shall be notified of the child's status in the event of a serious illness or emergency.</p> <p>There are adequate supplies and facilities for hand washing, and personnel and children wash hands frequently, especially before preparing food or after using the toilet.</p> <p><i>Staff hand washing.</i> The center shall ensure that staff demonstrate clean personal hygiene sufficient to prevent or minimize the transmission of illness or disease. All staff shall wash their hands at the following times:</p> <ol style="list-style-type: none"> <li>Upon arrival at the center.</li> <li>Immediately before eating or participating in any food service activity.</li> <li>After diapering a child (who has diapering needs).</li> <li>Before leaving the rest room either with a child or by themselves.</li> <li>Before and after administering nonemergency first aid to a child if gloves are not worn.</li> <li>After handling animals and cleaning cages.</li> </ol> <p><i>Children's hand washing.</i> The center shall ensure that staff assist children in personal hygiene sufficient to prevent or minimize the transmission of illness or disease. When appropriate for a child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water. Children's hands shall be washed at the following times:</p> <ol style="list-style-type: none"> <li>Immediately before eating or participating in any food service activity.</li> <li>After using the rest room or being diapered.</li> <li>After handling animals.</li> </ol>	<ul style="list-style-type: none"> <li>Provide program health policies, which include criteria for exclusion due to illness and procedures for staff to follow when a child is ill or injured.</li> <li>Provide policies for hand-washing by adults and children.</li> </ul>



	Criteria	GUIDANCE
<b>Safety</b>		
3.23.	<p>Environmental hazards:</p> <ol style="list-style-type: none"> <li>Within one year of being issued an initial or renewal license, centers operating in facilities built before 1960 shall conduct a visual assessment for lead hazards that exist in the form of peeling or chipping paint.</li> <li>Within one year of being issued an initial or renewal license, centers operating in facilities that are at ground level, use a basement area as program space, or have a basement beneath the program area shall have radon testing performed as prescribed by the state Department of Public Health at 641—Chapter 43.</li> <li>To reduce the risk of carbon monoxide poisoning, all centers shall, on an annual basis before the heating season, have a professional inspect all fuel-burning appliances, including oil and gas furnaces, gas water heaters, gas ranges and ovens, and gas dryers, to ensure the appliances are in good working order with proper ventilation. <i>*All centers shall install one carbon monoxide detector on each floor of the center that is listed with Underwriters Laboratory (UL) as conforming to UL Standard 2034.</i></li> <li>Regular safety checks (indoors and outdoors) of equipment conducted; daily upkeep of all routine care furnishings; indoor and outdoor equipment meet safety standards and are inspected, modified, and documented.</li> </ol>	<ul style="list-style-type: none"> <li>Provide evidence of visual assessment for lead hazards.</li> <li>Provide evidence of radon testing.</li> <li>Provide evidence of annual inspection of appliances.</li> <li>Provide evidence of safety checks/inspection of indoor and outdoor equipment.</li> </ul>
3.24. <b>Required</b>	<p>The program develops an emergency response plan that addresses:</p> <ol style="list-style-type: none"> <li>training personnel on how to respond in case of emergency;</li> <li>training children and youth on how to respond in case of emergency;</li> <li>coordination with emergency responders;</li> <li>coordination and communication with the families of children and youth;</li> </ol>	Provide policies/procedures that address all bullets.

	<p>e. coordination with appropriate local, state, and federal governmental authorities;</p> <p>f. evacuation of persons with mobility challenges and other special needs;</p> <p>g. accounting for the whereabouts of children, youth, and personnel; and</p> <p>h. maintaining a readily accessible telephone for incoming and outgoing calls.</p>	
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	<b>Criteria</b>	<b>GUIDANCE</b>
3.25.	<p>Medications: The center shall have written procedures for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications, including the following:</p> <ol style="list-style-type: none"> <li>All medications shall be stored in their original containers, with accompanying physician or pharmacist's directions and label intact and stored so they are inaccessible to children and the public in locked containers. Nonprescription medications shall be labeled with the child's name.</li> <li>Staff who are required to administer medication or special health procedures have demonstrated to a health professional that they are competent in the procedures and are guided in writing about how to perform the procedures by the prescribing health care provider.</li> <li>For every day an authorization for medication is in effect and the child is in attendance, there shall be a notation of administration including the name of the medicine, date, time, dosage given or applied, and the initials of the person administering the medication or the reason the medication was not given.</li> <li>In the case of medications that are administered on an ongoing, long-term basis, authorization shall be obtained for a period not to exceed the duration of the prescription.</li> </ol>	<p>All bullets must be addressed in policy and in child files. For evidence, provide policy.</p>
3.26.	<p>If children and youth are transported as part of program activities, transportation requirements include:</p> <ol style="list-style-type: none"> <li>the use of age-appropriate passenger restraint systems;</li> <li>adequate passenger supervision, as mandated by statute or regulation;</li> <li>proper maintenance of vehicles;</li> <li>current registration and inspection of vehicles;</li> <li>annual validation of licenses and driving records; and</li> </ol>	<ul style="list-style-type: none"> <li>Provide evidence that all drivers of vehicles used to transport children and youth are adequately trained and licensed;</li> <li>Provide evidence that the program checks to be sure all drivers have good driving records; and</li> </ul>

	<p>f. proper insurance for vehicles and passengers. (IAC 281, Chapters 43 <i>Pupil Transportation</i>, and Chapter 44 <i>Minimum Standards for School Buses</i>)</p>	<ul style="list-style-type: none"> <li>• Provide evidence that all vehicles used for transporting children are licensed, insured, inspected, and maintained.</li> <li>• Provide policy or evidence that the appropriate ratio is maintain while children are being transported (see also Criterion 3.34).</li> <li>• Provide evidence that all vehicles have age-appropriate restraint systems.</li> <li>• <i>If the program does not transport children and youth in vehicles owned by the program, personnel, or volunteers, please indicate NA.</i></li> </ul>
3.27.	<p>Medical and dental emergencies: The center shall have sufficient information and authorization to meet the medical and dental emergencies of children. The center shall have written procedures for medical and dental emergencies and shall ensure, through orientation and training, that all staff are knowledgeable of and able to implement the procedures.</p>	<ul style="list-style-type: none"> <li>• Provide written procedures for medical and dental emergencies.</li> <li>• Provide a sample form completed by families to supply preferences for emergency medical and dental contacts and authorization to implement appropriate procedures in an emergency.</li> <li>• Provide a copy of program policies related to staff training and implementation of dental and medical emergency procedures.</li> </ul>
3.28.	<p>Recording incidents: Incidents involving a child, including minor injuries, minor changes in health status, or behavioral concerns, shall be reported to the parent on the day of the incident. Incidents resulting in an injury to a child shall be reported to the parent on the day of the incident. Incidents resulting in a serious injury to a child or significant change in health status shall be reported immediately to the parent.</p> <p>A written report shall be provided to the parent or person authorized to remove the child from the center. The staff member who observed the incident shall prepare the written report and a copy shall be retained in the child's file.</p>	<ul style="list-style-type: none"> <li>• Provide health policies that including the recoding of incidents.</li> <li>• Provide a sample incident report.</li> </ul>

	Criteria	GUIDANCE						
Family and Community Connections								
3.29. Required	Staff provide opportunities for meaningful engagement of participants' family members; staff and families interact with each other in positive ways; staff provide regular communication and support services for parents; staff use arrival and departure as information-sharing time with parents.	Provide policy or evidence of multiple ways to engage families through ongoing, two-way communication. Provide examples of support services that are shared with families.						
3.30.	A plan for family and community involvement is developed, activated, reviewed, updated, and supported; program involves families and community in program events and decision-making, planning, and implementing roles	Provide a plan for family and community involvement that is dated, and a description for the cycle of review of this plan.						
3.31. Required	Unlimited access: Parents shall be afforded unlimited access to their children and to the provider caring for their children during the center's hours of operation or whenever their children are in the care of a provider, unless parental contact is prohibited by court order. The provider shall inform all parents of this policy in writing at the time the child is admitted to the center.	Provide written policy notifying parents of unlimited access provisions.						
3.32.	Program provides families with information about community resources to meet their needs; staff communicate with family about youth experiences and activities.	See guidance for Criteria 3.12 and 3.29.						
3.33.	Existence of community linkages, partnerships, and connections support enhanced services; strong partnerships exist to support the program and services from which all partners benefit; long-term alliances ensure continued funding is in place.	<ul style="list-style-type: none"><li>• Provide a list of community partners and resources.</li><li>• Provide a description of collaboration and outreach efforts.</li></ul>						
Supervision								
3.34. Required	<p>The program ensures the safety of children and youth by providing sufficient and appropriate supervision at all times.</p> <p><i>Staff ratio.</i> The staff-to-child ratio shall be as follows:</p> <table><tr><td>Age of Children</td><td>Min Ratio of Staff to Children</td></tr><tr><td>5-10 yrs</td><td>1:15</td></tr><tr><td>10 yrs and over</td><td>1:20</td></tr></table> <p>a. Combinations of age groupings for children four years of age and older may be allowed and may have staff ratio determined on the age of the majority of the children.</p>	Age of Children	Min Ratio of Staff to Children	5-10 yrs	1:15	10 yrs and over	1:20	<ul style="list-style-type: none"><li>• Must provide a policy/procedure to maintain ratio at all times. Programs must provide information about staff and child counts upon request.</li><li>• A program area where children are present must <u>never</u> be left unsupervised by an adult.</li><li>• A person 18 years or older must be present in every child-occupied program room.</li><li>• Volunteers are not included in the ratio.</li></ul>
Age of Children	Min Ratio of Staff to Children							
5-10 yrs	1:15							
10 yrs and over	1:20							

	<ul style="list-style-type: none"> <li>b. Every child-occupied program room shall have adult supervision present in the room.</li> <li>c. The minimum staff ratio shall be maintained at mealtimes and for any outdoor activities at the center.</li> <li>d. Only one adult is required when a center is transporting children in a center-owned vehicle with parent authorization for the sole purpose of transporting children to and from school.</li> <li>e. Any child care center-sponsored program activity involving five or more children conducted away from the facility shall provide a minimum of one additional staff over the required staff ratio for the protection of the children.</li> </ul>	
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	Criteria	GUIDANCE
3.35.	The program ensures safety during arrivals and dismissals by: <ol style="list-style-type: none"> <li>working with parents or other appropriate family members;</li> <li>noting when children and youth arrive, when they leave, and with whom they leave;</li> <li>developing a system to keep unauthorized people from taking children and youth from the program; and</li> <li>establishing protocols for families or schools to contact the program if children and youth will be arriving late, leaving early, or absent.</li> </ol>	<ul style="list-style-type: none"> <li>Provide a description of the system used by the program to ensure safety during arrivals and dismissals that addresses all bullets.</li> <li>Provide forms that are used to determine individuals authorized to pick up children.</li> <li>Provide policy/procedures for staff and families for tracking attendance and departure.</li> <li>Describe facility security systems.</li> </ul>
3.36.	There is a plan to provide adequate staff coverage: <ol style="list-style-type: none"> <li>when regular personnel are absent; and</li> <li>in case of emergency.</li> </ol>	<ul style="list-style-type: none"> <li>Provide program policy for adequate staff coverage when permanent staff are absent for a short or long term. The policy should address planned and unplanned absences.</li> <li>Policy for coverage of the program director(s) when needed should also be provided.</li> </ul>
3.37. <b>Required</b>	Children and youth, and their families, have the right to fair and equitable treatment including: <ol style="list-style-type: none"> <li>the right to be treated in a non-discriminatory manner; and</li> <li>the freedom to express and practice religious and spiritual beliefs.</li> </ol>	Provide program information or other print materials, electronic media, and trainings offered to families in a non-discriminatory manner, using non-stigmatizing language.
3.38.	The program accommodates written and oral communication needs of children, youth, and their families by: <ol style="list-style-type: none"> <li>communicating, in writing and orally, in the languages of the major population groups served;</li> <li>providing, or arranging for, bilingual personnel or translators or arranging for the use of communication technology, as needed;</li> <li>providing telephone amplification, sign language services, or other communication methods for deaf or hearing impaired persons, to the extent possible;</li> <li>providing, or arranging for, communication assistance for persons with special needs who have difficulty making their needs known; and</li> <li>considering the person's literacy level.</li> </ol>	Provide examples of methods for ensuring that communication with <i>all</i> families is two-way.
3.39.	Policies for children requiring special accommodations: Reasonable accommodations, based on the special needs of the child, shall be made in providing care to a child with a disability. Accommodation can be a specific treatment prescribed by a professional or a parent, or a modification of equipment, or removal of physical barriers. The accommodation shall be recorded in the child's file.	Provide policies/procedures the program follows for children who need accommodations.

3.40. <b>Required</b>	Site is physically accessible to youth/staff/families with disabilities.	Must provide board policy or evidence addressing ADA compliance.
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